

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

27865

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 10003

City St. Louis (No. City Hosp)

File No.....

Registered No. 6905

St. Ward

2. FULL NAME

(a) Residence, No. 2612 Lafayette

Ward 23

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

HOPEL West

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 23 - 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

30

2

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Auto Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Geopius County, S. Carolina

FATHER

13. NAME

Archibald West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ida

MOTHER

15. MAIDEN NAME

Addie (Waters)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

South Carolina

17. INFORMANT (ADDRESS)

Sharp City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Matthews Ave Aug 11, 1933

19. UNDERTAKER (ADDRESS)

W. M. McLaughlin 1631 Mississippi Ave

20. FILED

AUG 10 1933 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from

8-4, 1933 to 8-9, 1933

I last saw him alive on 8-9, 1933 Death is said

to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Date of onset

Other contributory causes of importance:

ac. appendicitis

Name of operation

Appendectomy during life of 8/14/33

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Henry D. Smith, M. D.

(Address)

City Hospital

